Cost and Reimbursement Comparison Schedule (CRCS) Audit Process

CRCS is submitted by Local Educational Agency (LEA) and accepted for processing by Department of Health Care Services (DHCS) Audits and Investigations (A&I). A&I determines level of audit. Field Audit **Minimal Audit** Audit conducted on-site at LEA's administrative office. **Limited Audit** Desk Review LEA will be notified prior to the audit to schedule the Entrance Desk Review Conference. A&I will send out an Entrance Conference letter which will include a list of documents typically needed and should be available Reconciliation of reported claims data (CRCS) and the Fiscal Reconciliation of reported claims data (CRCS) and the Fiscal during the audit. Intermediary paid claims data. Intermediary paid claims data. · Review Indirect Cost Rate. Review Indirect Cost Rate Review CRCS calculations. Review CRCS calculations. Review selected expense(s), time basis and/or billings. • Reconciliation of reported claims data (CRCS) and the Fiscal A&I will contact LEA to request specific supporting Intermediary paid claims data. documentation. • All data reported in the CRCS is subject to review. A 15 Day Exit Acknowledgement letter will be sent out with proposed adjustment(s) and supporting audit work papers. A&I will keep LEAs informed of the progress of the audit. LEAs have 15 calendar days from receipt of the Exit Acknowledgement to submit any additional documentation related to the audit adjustment(s). Although the time needed for an audit varies, A&I will give LEAs an estimate of how long the audit process will last. A&I will be meeting with LEA staff during the audit to make requests for documentation and ask and answer questions. A&I will discuss the audit issues and potential audit adjustment(s) with LEAs during the audit. An Audit Report with the final settlement amount will be Post Audit Payment and Reimbursement Process: Once A&I's Audit and Review Analysis Section (ARAS) receives the amounts due the provider/state from the Audit Section, ARAS will process an Action Notice and send to Xerox, DHCS' Fiscal Intermediary and DHCS' Third Party Liability and Recovery After the audit work is complete, an Exit Conference will be scheduled to discuss the audit findings. Auditor will provide LEAs with a copy of proposed audit adjustment(s) and supporting audit • Xerox will offset any amount <u>due to the State</u> through the billing/payment process. This will be reflected on the Provider's Remittance Advice Report(s) as RAD Code 710. LEAs have 15 calendar days after Exit Conference to submit any . If funds are due to the provider, LEAs will receive a "Statement of Account Status" letter from Xerox which will identify the additional documentation related to the audit adjustment(s). anticipated amount and check date for the additional reimbursement. • The additional payment will be included in the check attached to your Medi-Cal Financial Summary and identified on line 8 (A/R Payments).

• The last page of your RAD will identify this payment with RAD code 710 "payment to provider of final cost settlement."